

- **THIS FORM MUST BE COMPLETED IN DETAIL FOR EACH NEW RISK PLACED AND FOR RENEWALS OR PREVIOUSLY PLACED RISKS.**
- **A COPY OF THIS STATEMENT MUST BE PROVIDED TO THE INSURED.**

Effective Date of Coverage _____

STATEMENT OF INSURED

As required by K.S.A. 40-246b, this will certify that I, the undersigned, have requested insurance coverage to be placed on my behalf with a company not authorized or licensed to transact business in the State of Kansas. I understand that in accordance with K.S.A. 40-246b, mere rate differential shall not be a ground for placing a particular risk with a non-admitted carrier when an admitted company would accept such risk at a different rate. It is further acknowledged that the following information regarding placement of insurance with non-admitted company has been provided by the licensed excess lines agent:

1. The insurance coverage requested will be provided by an insurance company not authorized or licensed to transact business in the State of Kansas.
2. The name of the company providing the insurance coverage appears on the list of non-admitted companies maintained by the Commissioner of Insurance.
3. There shall be no liability on the part of, and no cause of action of any nature shall arise against the Commissioner of Insurance, employees thereof or the State of Kansas because the name of an insurance company appears or does not appear on the list of non-admitted companies maintained by the Commissioner of Insurance.
4. The non-admitted insurer's financial condition, policy forms, rates and trade practices are not subject to review or the jurisdiction of the Commissioner of Insurance.
5. The policies or contracts of insurance issued by a non-admitted insurance company do not come under the protection afforded by the Kansas Insurance Guaranty Association Act (K.S.A. 40-2901 et seq.).
6. If the insurance company affording coverage is subsequently determined to be insolvent, the licensed excess lines agent placing such business with a company not authorized to transact business in Kansas is, by giving you the information contained herein, relieved of any responsibility to the insured as it relates to such solvency.

Signature of Insured

Date Signed

☐ I was unavailable or otherwise unable to sign this statement prior to the effective date of coverage.

Signature of Insured

Date Signed

Name(s) of non-admitted company(s) covered by this document.

